

No. C104301	Annual Report Form 1990 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BO																			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct LIFESTREAM DIAGNOSTICS CHRISTOPHER T MAUS P O BOX 2130 SANDPOINT ID 83864 0908		CHRISTOPHER T MAUS 515 PINE ST STE 200 SANDPOINT ID 83864 3. Organized Under the Laws of: NV C104361																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Office held</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or P.O. Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>CHRISTOPHER MAUS</td> <td>3277 Jewel Lake Rd</td> <td>Stagle</td> <td>ID</td> <td>83860</td> </tr> <tr> <td>Robert Baxter Sec/treas.</td> <td>ROBERT BAXLER</td> <td>113 Hartwell Ave.</td> <td>Lexington</td> <td>MA</td> <td>02173</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	CHRISTOPHER MAUS	3277 Jewel Lake Rd	Stagle	ID	83860	Robert Baxter Sec/treas.	ROBERT BAXLER	113 Hartwell Ave.	Lexington	MA	02173
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5. NATURE OF BUSINESS MEDICAL DEVELOPMENT	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <input checked="" type="checkbox"/> Signature <u><i>Christopher Maus</i></u> Date <u>8/6/96</u> Name (Typed or Printed) <u>CHRISTOPHER MAUS</u> Title <u>President</u>																					

ISSUED: 07-06-1996

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